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APPLICANTS

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**** CONTINUING DATA *******

This application is a CON of 09/437,136 11/10/1999 PAT 6,696,416
which is a CIP of 08/900,327 07/25/1997 PAT 5,994,309

OK

**** FOREIGN APPLICATIONS *******

None

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 24	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

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TITLE

Anti-invasive and anti-angiogenic compositions

FILING FEE RECEIVED 375	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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